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## BIB DATA SHEET

CONFIRMATION NO. 7668

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/722,657	11/26/2003 RULE	705	4156	136092SV/YOD GEMS:0244		
<b>APPLICANTS</b> Mark B. Dominick, Waukesha, WI; Lawrence E. Ploetz, Brookfield, WI; James F. Kohli, Waukesha, WI;						
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/26/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/ELIZA A SQUIRES/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> GE HEALTHCARE c/o FLETCHER YODER, PC P.O. BOX 692289 HOUSTON, TX 77269-2289 UNITED STATES						
<b>TITLE</b> Method and system for automated debriefing of service activity						
<b>FILING FEE RECEIVED</b> 856	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			